

IDOH point of contact information:

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Background of public health issue:

Anyone can get cancer at any age; however, people who are middle age and older are most likely to develop cancer. In Indiana, during 2019, 74.3 percent of all cancer cases occurred among people aged 55–84 (25 percent among people aged 55–64, 30.5 percent among people aged 65–74, and 18.8 percent among people aged 75–84). *Data Source: Indiana Cancer Consortium Cancer Facts and Figures, 5th Version.*

Many cancers can be prevented by modifying external risk factors and making lifestyle changes, such as eliminating tobacco use, improving dietary habits, increasing physical activity, maintaining a healthy weight, getting cancer preventative vaccinations, and avoiding excessive sun exposure. Additionally, many cancers can be prevented or identified at an early stage if people receive regular medical care and obtain early detection cancer screenings.

Figure 1. Cancer Risk Factor Behaviors and Access to Medical Care among Adults*—Indiana, 2019-2020

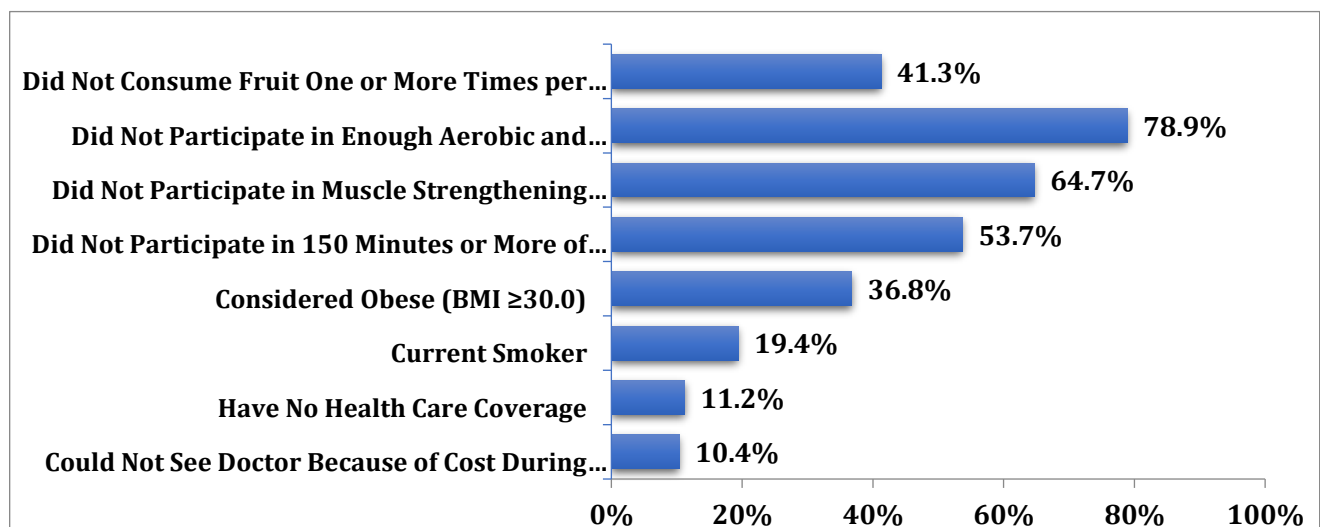
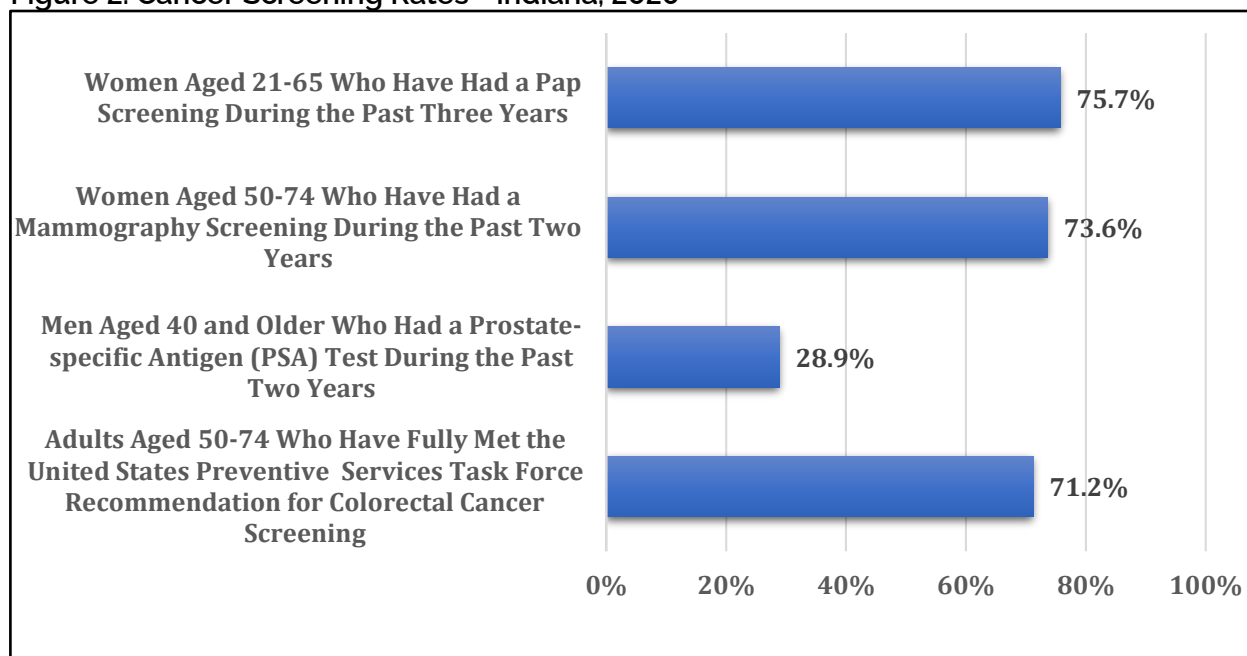


Figure 2 describes the burden of some lifestyle and external factors among Indiana adults.

Figure 2. Cancer Screening Rates—Indiana, 2020



Source: *Indiana Behavioral Risk Factor Surveillance System, 2021*

Figure 3 describes cancer screening rates among Indiana adults.

Additional information about cancer risk factors:

- Tobacco. The American Cancer Society (ACS) estimates that 32 percent of all cancer deaths are caused by tobacco use. Each of those deaths could have been prevented by not using tobacco products. In 2020, 20.4 percent of Indiana adults were smokers.
- Body weight, diet, and physical activity. According to the Centers for Disease Control and Prevention, overweight and obesity are associated with 13 types of cancer, which make up approximately 40% of all diagnosed cancers. During 2020, 36.8% of Indiana adults were considered obese. Additionally, during 2019, 53.7% of Indiana adults did not get the recommended 150 minutes of exercise per week. During 2019, 41.3% did not consume fruit one or more times per day, and 21.1% did not consume vegetables one or more times per day. Diets low in animal fat and high in fruits and vegetables could help prevent certain cancers.
- Infection with Human Papillomavirus (HPV) and other infectious diseases. HPV is the single greatest risk factor for cervical cancer. The CDC estimates that 21,000 cancer cases each year could potentially be prevented through HPV vaccinations. In all, an estimated 15% to 20% of cancers worldwide are related to infectious exposures, such as the hepatitis B virus (HBV), HPV, human immunodeficiency virus (HIV), *Helicobacter pylori* bacteria, and others. Many of these infections can be prevented through behavioral changes or the use of vaccines or antibiotics.



- Sun exposure. Excessive exposure to ultraviolet radiation from the sun or other sources, such as tanning beds, is the greatest risk factor for developing skin cancer. The US Department of Health and Human Services and the International Agency of Research on Cancer have found that exposure to sun lamps or sunbeds is classified as a known human carcinogen, the same classification as tobacco.
- Healthcare coverage. Uninsured and underinsured patients are substantially more likely to be diagnosed with cancer at a later stage when treatment can be more extensive and costly. According to the U.S. Census Bureau, 8.6% of people were uninsured in 2021 — including 18 percent of Hispanics and 4.5% of children (18 years and younger). For Indiana, in 2021, 8.9% of Indiana residents were uninsured, including 19.8% of Hispanics and 10.8% of Indiana residents aged 18 to 64 years of age were uninsured.
- Screening. Early diagnosis through regular screening examinations saves lives by identifying cancers when they are most curable and treatment is more successful. Cancers that can be detected by screening include breast, cervix, colon, lung, oral cavity, prostate, rectum, skin and testicular cancers.

Information and data from the Indiana Cancer Facts and Figures, Fifth Edition.

Purpose

The purpose of this offering aims to ensure all Hoosiers are appropriately screened for cancer.

1. Increase the number of aged 50-75years, who have had a mammogram in the past two years from 72.5% to 81.1% in 2021 (HP2020 C-17) (actual 73.6%)
2. Increase the number of females, aged 21-65 years who have had a PAP test within the last three years from 74.9% to 93.0% in 2021 (HP2020 C-15) (actual 75.7%)
3. Increase the number of adults, aged 50-75 years, who have had a colonoscopy, flexible sigmoidoscopy, or blood stool test within the appropriate time frame from 64.6% to 80% in 2021 (HP2020 C-16) (actual 71.2%)
4. Increase the number of adults, aged 55-80 years, who have a 30 pack-year smoking history and smoke or have quit within the past 15 years.

Description of proposal

1. Please choose one or more programs from the following evidence-based programs and describe how they will be implemented by your organization.
 - Breast
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102263&choice=default>
<https://www.thecommunityguide.org/search/CANCER>
 - Cervical
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102264&choice=default>
<https://www.thecommunityguide.org/search/CANCER>
 - Colorectal
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102265&choice=default>
<https://www.thecommunityguide.org/search/CANCER>



- Lung
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102271&choice=default><https://www.thecommunityguide.org/search/CANCER>
 - Prostate
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=28360573&choice=default>
 - HPV
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=22626661&choice=default><https://www.thecommunityguide.org/search/CANCER>
2. Discuss how your organization will use the following strategies to implement your chosen evidence-based program as pertinent to the type of cancer(s) being addressed.
 - Promote the importance of cancer screenings through public awareness campaigns
 - Promote the use of reminder/recalls in clinics
 - Promote the Breast and Cervical Cancer Program
 - Encourage the use of motivational interviewing and brief action planning in clinical setting
 - Implement other evidence-based strategies which reduce the cancer burden in Indiana.
 3. Describe how COVID 19 testing and vaccines will be incorporated into the screening process.

Eligible groups to receive funding

- Hospitals, especially those with evidence-based cancer initiatives in place.
- Federally-qualified health centers (FQHCs), especially those who are engaging in practices to increase cancer risk reduction activities, and best practice strategies around cancer survivorship.
- Community health centers, especially those who are engaging in practices to increase cancer risk reduction activities, and best practice strategies around cancer survivorship.
- Associations serving specific populations, such as people of color, people over 65 years of age, etc.
- Other not-for-profit and for-profit community-based organizations.



Health equity statement (required):

Describe populations disproportionately impacted by the specific topic area and how applicant will address these populations specifically.

Please refer to the General Grant Guidance for additional details.

Metrics and evaluation of funded activities

Measures to be collected regularly and submitted monthly to the Indiana Department of Health (IDOH):

1. Demographics:
 - a. Number of individuals served by race (Black/African American, American Indian/Alaska Native/Native Hawaiian/Other Pacific Islander, Asian, Caucasian/White, etc.)
 - b. Number of individuals served by ethnicity [Hispanic/Latin(a/o/x), other]
 - c. Number of individuals served by gender/gender identity (males, females, those who prefer not to answer)
 - d. Number of members of the LGBTQ+ community served
 - e. Age ranges served
 - f. Number of individuals served with a primary language other than English
 - g. Number of unique individuals served that meet at least one of the following criteria:
 - i. Current active enrollment in MEDICAID/HIP; or
 - ii. Current active enrollment in SNAP/Food Stamps; or
 - iii. Current active enrollment in TANF; or
 - iv. Residing in a household at or below 200% of poverty per the HHS Poverty Guideline as noted in the HHS Poverty Guidelines for 2022 ([Poverty Guidelines | ASPE \(hhs.gov\)](#))
 - h. Additional factors, including but not limited to education level, disability, substance abuse, mental illness, etc.
2. Health Equity: Please share progress made toward achieving your health equity goals (as defined in your Health Equity Statement).
3. Participation:
 - a. Number of unique individuals served
4. Program Area Metrics:
 - a. Referrals
 - i. Number of referrals to treatment made
 - ii. Number of referrals to support services made
 - iii. Number of referrals to receive no- and low-cost services made
 - b. Cancer Screenings
 - i. Number of individuals participating in cancer risk assessments
 - ii. Number of individuals scheduling screenings as a result of your program



- iii. Total number of completed screenings
- iv. Number of cancer screenings by type of screening (including but not limited to breast, cervical, colorectal, lung)
- c. Education and Outreach
 - i. Number of risk education sessions hosted
 - ii. Average number of participants per education session
 - iii. Number of participants demonstrating an increase in knowledge of cancer risk factors after education sessions
 - iv. Number of outreach activities (educational events, presentations, distribution of informational materials, etc.) performed for the purpose of promotion of early detection

Provide a plan for how you will evaluate the program over your grant project period.

The above measures may be altered at any time at the discretion of the Health Innovation Partnerships and Programs Division of IDOH.

Reference section (data sources, etc.)

https://www.acs4ccc.org/wp-content/uploads/2021/04/Cancer-Plan-Tip-Sheet_Health-Equity_FINAL.pdf

